PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed oth	nerwise in Block 1, by (a	a) specifying a new c	or n	naintenance tees w pondence address;	and/or	(b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 32294 7590 04/25/2007					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
32294	Certificate of Mailing or Transmission								
SQUIRE, SANDERS & DEMPSEY L.L.P. 14TH FLOOR 8000 TOWERS CRESCENT TYSONS CORNER, VA 22182					I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
1130113 COId	NEK, VA 22102				- 			(Depositor's name)	
								(Signature)	
				<u> </u>				(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO		RNEY DOCKET NO.	CONFIRMATION NO.	
10/700,545	Pertti Henttu 60091.00261				6087				
TITLE OF INVENTION	: EXTRACTING SIGNA	AL COMPONENTS IN R	CADIO SYSTEM REC	EIV	EK				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	07/25/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	;					
BOCURE, TESFALDET		2611	375-340000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	or typ	e)				
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIG	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Nokia Cor	Espoo, Finland								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. (CkNo. 16779) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number						
5. Change in Entity Sta	tus (from status indicated s SMALL ENTITY statu	Dh. Annliannt is no	lone	ror alaimina SMAI	LENT	TITY status. See 37 CI	ED 1 27(-)(2)		
					_			ne assignee or other party in	
Authorized Signature							4,31F200700008 1		
Typed or printed name	Douglas H.	Goldhush			\$1120120		33,125	1400.00 OP	
This collection of inform an application. Confident submitting the complete this form and/or suggesti	ation is required by 37 C iality is governed by 35 1 application form to the ons for reducing this but irginia 22313-1450. DO 13-1450.	rden, should be sent to the NOT SEND FEES OR	e Chief Information C COMPLETED FORM	office S TC	r, U.S. Patent and THIS ADDRESS	ie publi hinutes mments Tradem	s on the amount of the ark Office, U.S. Department of the ark Office, U.S. Department of the ark of	by the USPTO'to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.